

INSTRUCTIONS FOR COMPLETING EC-2 FORM

- A. Print or type clearly, if form is unreadable it may be sent back to you.
- B. Please submit form to the EUTF.
- C. This form is to be used effective January 1, 2009 or later.
- D. Sections:
1. Event -Please describe the event. For example, Open Enrollment, Birth, Marriage, Divorce, Loss Coverage, Address Change, Marital Status Change, Death, Change in Student Status, Add Dependent, Cancel etc. If there are simultaneous events, please describe the most important event. For example, if the event is a Birth, enter Birth in the event section.
 2. Event Date - Please enter the date the event took place.
 3. Enter Employee's information. For 3b, enter the EUTF ID #. If you are enrolling for the first time, you must enter your social security number.
 4. Enter EUTF ID # of Spouse or Domestic Partner if your spouse or Domestic Partner is a State or County Employee or Retiree. Be sure to complete sections 5 - 9, if you want to cover your spouse or domestic partner.
 5. Check "Add" box to add dependent, check "Delete" box to delete dependent
 6. Enter your Dependent(s) data. If enrolling your dependent for the first time, enter the birth date and social security number. Otherwise, you may leave items 6b and 6c blank. If making changes to your dependent's data, enter the corrected item. If listing more than 3 dependents, write "Continued" on the last line of the Dependent section. Use a separate sheet of letter size paper to list additional dependent(s) information.
 7. Use the following codes for Relationship column:
SP = Spouse CH = Child DC = Disabled Child^{vv}
DP = Domestic Partner^v DPC = Domestic Partner Child^v
For Relationship codes with ^v or ^{vv}, please see item #13 below for further instructions.
 8. Gender - circle either Male or Female.
 9. Plan Selections. Only one plan from the Medical plans and the appropriate coverage for you may be selected. If you choose a medical plan, you now have the option to select or not to select NMHC if you also want prescription drug coverage. If you do not want any plan coverage, mark the "Cancel/Waive" box.
- 10. IMPORTANT: If you or your dependent(s) are Medicare eligible and are enrolled in a Non-EUTF Medicare Part D prescription drug plan, please provide the name(s) of those enrolled in the Non-EUTF plan. Please ensure that you carefully read the implications of being enrolled in a Non-EUTF Medicare Part D prescription drug plan. Additional information is included in your 2009 Retiree Open Enrollment Guide. You can obtain detailed information regarding Medicare Part D at the Medicare website, www.medicare.gov.**
11. Certification: Signature of Employee certifies that the information provided in this application is true and complete. Employee agrees to abide by the terms and conditions of the benefit plans selected. Employee affirms that any listed dependent child, aged 19 through 23, is attending a college, university or technical school as a full-time student. Please enter date of Employee's signature.
 12. **IMPORTANT NOTICE: When you or your spouse become eligible for Medicare, you or your spouse must enroll in Medicare Part B and forward a proof of enrollment to the EUTF. Failure to comply may result in loss of all health benefits coverage.** If you or your dependents have recently enrolled with Medicare Part B, please complete this section and submit the form and a copy of your Medicare card or the letter notifying you of your enrollment in Medicare Part B to the EUTF.
 13. If you are adding a disabled child, domestic partner and child or an adopted child, please contact the EUTF at 808-586-7390 or toll free, 1-800-295-0089 or go to our website at www.eutf.hawaii.gov for more information.